Personnel Policy and Readiness Division

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Personnel Policy and Readiness Division

Medical Retention Processing Community Based Health Care Initiative

Med. Retention Processing/CBHCO

- In October 2303 press exposed problems with Army's management of Medical Holdovers (about 5K soldiers)
  - o Dr Chu directed minimal housing standards and care access standards
  - o Mr Brownlee directed that non-deployable soldiers be REFRAD'd within 25 days of mobilization
- December 2003, working estimate for Medical Holdover indicates that medical holdover soldiers will exceed MEDCOM's capacity of 5K
- February 2004, Chief NGB, LTG Blum offered National Guard assets to help manage medical holdovers "at home"
- ASA M&RA signed CBHCO implementation memorandum on 6 March 2004
- Army G-1 (DMPP) approved and released CBHCO Implementation instructions on 31 March 2004

Med. Retention Processing/CBHCO

RATIONALE

- Largest movement of soldiers since WWII
- Acting SEC ARMY accepted 8.7% as MHO planning factor for redeploying and 1% for deploying soldiers
- Potentially results in 10,000 MHO soldiers
- MTF capacity is 5,000
- What do we do with other 5,000?
- Factors everyone agrees with:
  - Get soldiers home as soon as possible
  - Disposition MHO as soon as possible
  - Resolve medical problems
  - Adjudicate boards
- Bottom line: a bed is not a bed unless it is staffed, equipped, and resourced

Med. Retention Processing/CBHCO

- Policy
  - Soldiers expected to RTD within 60 days and have 120 days left on their current mob order will remain in a mobilization status
  - Soldiers not expected to RTD within 60 days or could return to duty but have less than 120 days left on their current mob order and can perform limited duties will be offered Military Retention Processing status under 12301d
  - Soldiers that arrive at the Demobilization Station who must remain on active duty past the end of their mob order for medical care will also be placed on MRPU status under 12301d

Med. Retention Processing/CBHCO

- Policy cont.
  - If the Soldier does not consent to remain on active duty the Soldier will be deemed no longer needed for operations and REFRAD. The Soldier can use the 180 day transition health care benefit and the Veterans Administration
  - The policy is only for Soldier on GWOT funding. Soldiers on 10 USC 12304 are not authorized to be in this process

Med. Retention Processing/CBHCO

- Process
  - If a Soldier is qualified the Installation CDR/Soldiers Primary Care Manager (PCM) requests orders from AHRC-Alexandria (Information on TAG Website)
  - AHRC-A publishes orders for 179 days assigning the Soldier to the Installation MRPU
  - Installation CDR/PCM determine if the soldier is eligible for the CBHCO Program
    - If yes and the installation is over the MRPU cap, after coordination with the CBHCO, the Soldier is TCS'd, by the Installation AG, to the CBHCO unit on a 401 order
    - If no, or the installation is not over MRPU cap, Soldier remains in MRPU until Medical care/processing is completed

Med. Retention Processing/CBHCO

- Process cont. (Soldiers Qualified – installation over cap)
  - Upon arrival from the MRPU the CBHCO processes the Soldier in at their main location
  - 30 days prior to the end of the MRPU order, AHRC-A will contact the MRPU and the CBHCO to determine if another order is needed

Med. Retention Processing/CBHCO

- Process cont
- If Needed
  - AHRC-A publishes a new order for 179 days. At 90 days out from the end of this order AHRC-A contacts MRPU and CBHCO to determine if Soldier is in the Physical Disability Evaluation Systems (PDES)
  - If the Soldier is not in the PDES process after one year HRC-A will direct a medical board be initiated IAW DODI 1332.28
  - If additional time is needed AHRC-A will publish orders as they are needed to complete the PDES process if not completed

Med. Retention Processing/CBHCO

- Separation Processing
  - Soldiers assigned to the MRPU will be out processed by the installation
  - Soldiers assigned to the CBHCO
    - Soldiers returned to duty in the RC. CBHCO coordinates with Mob Station and RC to identify unit/UIC for assignment upon REFRAD
    - Soldiers not returned to duty and receive no disability benefits. The CBHCO coordinates with Mob Station, Mob Station processes discharge of Soldier

Med. Retention Processing/CBHCO

- Separation Processing cont
  - Soldiers found medically unfit and are placed upon the TDRL or the PDRL. CBHCO will notify AHRC-A. AHRC-A will coordinate with the Physical Disability Agency to ensure that the Soldier is REFRAD, discharged, or retired
- Reasons Soldier may Return to Mob Station
  - TDRL/PDRL for Retirement
  - Soldiers medical condition
  - Soldier not participating
  - Soldier RTD with more than 120 days

Med. Retention Processing/CBHCO

- Accountability
  - AHRC-A will provide DAG1 a daily strength report
  - FORSCOM and the Installation Management Agency (IMA) will provide a weekly report to AHRC-A

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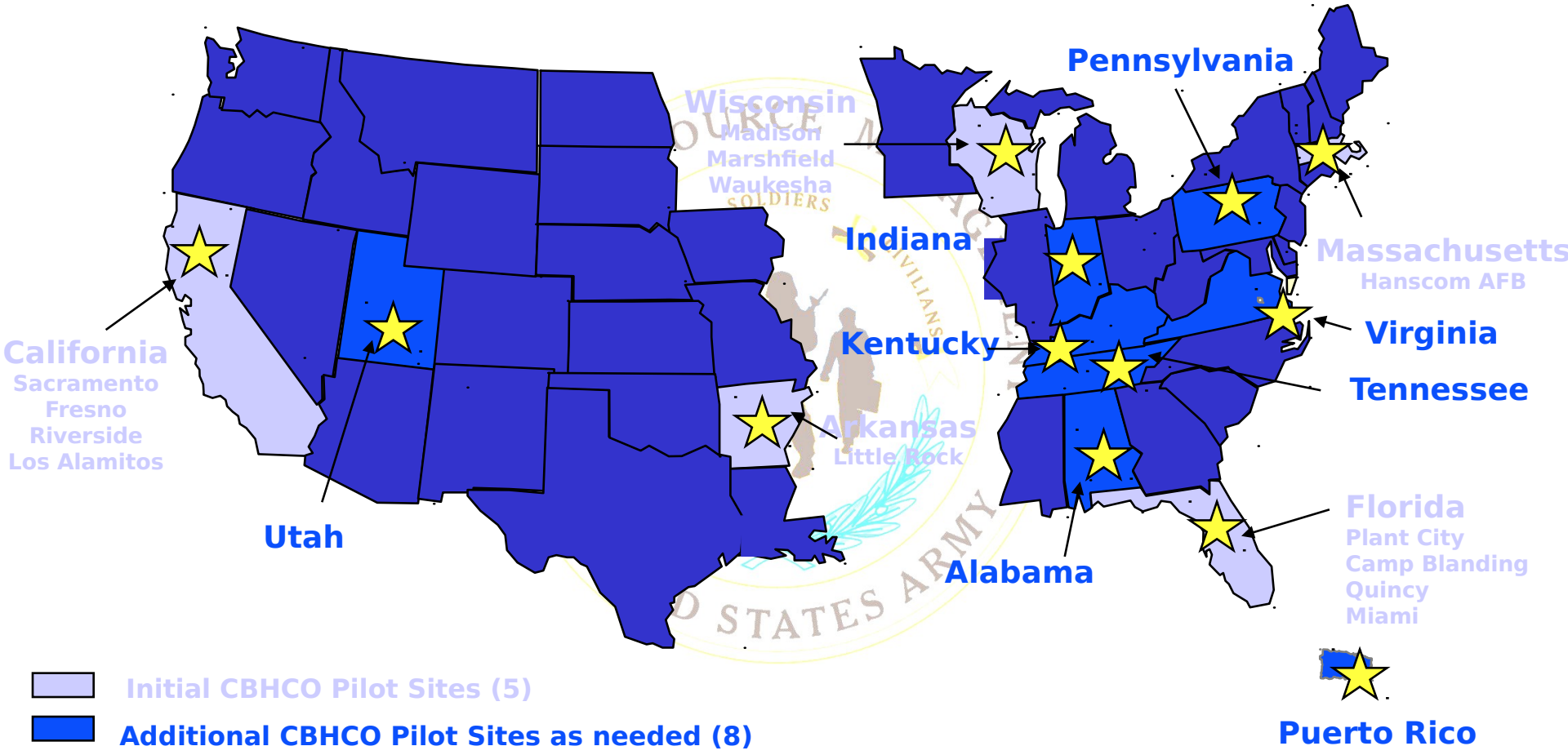
CBHCO SITES



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CBHCO SOLDIER FLOW

Process based on actions after a Reserve Component (RC) soldier has been mobilized, deployed/employed, injured and moved into medical system for care and/or appropriate board action. Process shows the selection and management of soldiers in the Community Based Health Care Initiative.

Theater

Installation

Installation MRP UIC/DUIC

- MTF & Installation CDR determine MHO eligibility
- If so, the MHO soldier is then assigned to an Installation Medical Retention Process (MRP) UIC/DUIC

- MTF & Installation CDR determine eligibility for participation in the CBHCI program
- If so, HRC publishes orders to retain on AD for Medical Care
- HRC notifies Mob unit to Initiate close out OER/NCOER etc.
- Soldier is then attached to a CBHCO

Attached to CBHCO

Resolution of Medical Condition

- CBHCO soldier continues soldier management actions in home state
- The CBHCO performs Case Management functions and command visits
- Maintain personnel and medical records
- Maintain personnel and medical data base updates
- Conducts or coordinates boards

Medical condition is resolved or board action is complete
- Soldier is retained in the RC
- Soldier is separated with disability or retirement

Med. Retention Processing/CBHCO

- Important Web Sites and Email Address

  HQDA Personnel Policy Guidance, Implementing Instruction
  http://www.armyg1.army.militarypersonnel/policy.asp

  Sample Requests for MRPU/CBHCO orders

  https://www.perscomonline.army.mil/tagd/reservecompo/index.htm

  HRC-A Medical Cell email address
  remedicalretention@hoffman.army.mil

  FORSCOM Website
  https://freddie.forscom.army.mil/nav/G1default.htm

Med. Retention Processing/CBHCO

- Recap
  - Time on current orders
  - Soldiers consent
  - AHRC-A responsibilities in orders process
  - Installation responsibilities
  - CBHCO
  - Separation process
  - Installation MRPU Cap

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Questions?